

EXHIBIT 2

Patient Demographics - Male; born [REDACTED] 1972

Patient Address	Patient Name	Communication
[REDACTED]	Mark J Snookal	[REDACTED] [REDACTED]
Former (Sep. 22, 2021 - Apr. 05, 2022): [REDACTED] [REDACTED]	Former / Aliases: Mark Snookal	
Language	Race / Ethnicity	Marital Status
English - Spoken (Preferred) English - Written (Preferred)	Unknown / Not Hispanic or Latino	Married

Note from Kaiser Permanente Northwest

This document contains information that was shared with Mark J Snookal. It may not contain the entire record from Kaiser Permanente Northwest.

Encounter Details

Date	Type	Department	Care Team	Description
07/20/2023 7:40 AM PDT - 07/20/2023 1:01 PM PDT	Surgery	SUNNYSIDE CARDIOVASCULAR LAB 10180 SE EUNNYSIDE RD CLACKAMAS, OR 97015 800-813-2000	Cesar Alberte-Lista 10100 SE Sunnyside Road Clackamas, OR 97015 503-813-2000 (Work) 866-558-4996 (Fax)	

Allergies - documented as of this encounter (statuses as of 03/24/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 03/24/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
Metoprolol Tartrate (LOPRESSOR) 25 mg Oral Tab	Take 1 tablet by mouth 2 times a day	180 tablet	04/18/2023		Active
amLODIPine (NORVASC) 10 mg Oral Tab	Take 1 tablet by mouth daily	90 tablet	11/15/2022	09/07/2023	Discontinued (Transferred to Outside Pharmacy)
DULoxetine (CYMBALTA) 60 mg Oral CPDR SR Cap	Take 1 capsule by mouth daily	90 capsule	11/15/2022	09/07/2023	Discontinued (Transferred to Outside Pharmacy)
Losartan (COZAAR) 100 mg Oral Tab	Take 1 tablet by mouth daily	90 tablet	11/15/2022	09/07/2023	Discontinued (Transferred to Outside Pharmacy)
Flecainide (TAMBOCOR) 50 mg Oral Tab	Take 1 tablet by mouth 2 times a day	60 tablet	04/18/2023	09/07/2023	Discontinued (Transferred to Outside Pharmacy)

Active Problems - documented as of this encounter (statuses as of 03/24/2024)

Problem	Noted Date	Diagnosed Date
[REDACTED]	[REDACTED]	
VENTRICULAR PREMATURE BEATS	01/06/2023	
DILATED AORTIC ROOT	11/01/2021	
AORTIC VALVE REGURGITATION	11/01/2021	

[illegible]

Surgery Details - documented in this encounter

Date/Time	Status	Location	OR	Service	Patient Class	Case Class	Case Type	Trauma Case?
7/20/23 7:40 AM	Posted	SMC CVL	SMCCVL 2	Electrophysiology	Outpatient			
Panel 1 Procedure		LRB	Anes	Op Region	Wound Class	Comments		
CARDIAC ABLATION FOR PREMATURE VENTRICULAR COMPLEXES, ENDOVASCULAR APPROACH		N/A	General Anesthesia			- Carto		
CARDIAC ELECTROPHYSIOLOGY STUDY, CATHETER BASED INVASIVE		N/A	General Anesthesia					
Surgeon		Surgeon Role		Service		Panel		
Cesar Alberte-Lista		Primary		Electrophysiology		1		

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Former	Cigarettes	0.3	3	1987 - 1991
Smokeless Tobacco: Never				
Overall Financial Resource Strain (CARDIA)	Answer			Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all			02/12/2023
PHQ-2	Answer			Date Recorded
PHQ-2 Total Score	0			09/06/2022
Hunger Vital Sign	Answer			Date Recorded
Within the past 12 months, you worried that your food would run out before you got the money to buy more.	Never true			02/12/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true			02/12/2023
PRAPARE - Transportation	Answer			Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No			02/12/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?	No			02/12/2023
Housing Stability Vital Sign	Answer			Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No			02/12/2023
In the last 12 months, how many places have you lived?	1 or 2			02/12/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No			02/12/2023
Current Social Needs	Answer			Date Recorded
Would you like someone from your care team to call you to assist with any needs noted above?	No			02/12/2023
Sex and Gender Information	Value			Date Recorded
Sex Assigned at Birth	Not on file			

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	105/65	07/20/2023 1:00 PM PDT	
Pulse	66	07/20/2023 1:00 PM PDT	
Temperature	36.2 °C (97.2 °F)	07/20/2023 10:12 AM PDT	
Respiratory Rate	10	07/20/2023 1:00 PM PDT	
Oxygen Saturation	95%	07/20/2023 1:00 PM PDT	
Inhaled Oxygen Concentration	-	-	
Weight	108.9 kg (240 lb)	07/20/2023 7:00 AM PDT	
Height	182.9 cm (6')	07/20/2023 7:00 AM PDT	
Body Mass Index	32.55	07/20/2023 7:00 AM PDT	

Discharge Instructions - documented in this encounter
Attending Discharge Instructions
Cesar Alberte-Lista - 07/20/2023 10:06 AM PDT

Formatting of this note might be different from the original.

1. During your admission an EP study was done.
2. Check your groin every time you go to the bathroom for the next 3 or 4 days. There may be some slight oozing, bruising or a small knot. This is OK.
3. Watch for any bleeding (or growing lump) or signs of infection (Heat, Increased drainage, redness, fever, swelling or increased tenderness.)
4. Call if numbness or increasing pain at sight.
5. If you experience heavy bleeding apply direct pressure. If the bleeding persists, call 911.
6. Resume all your usual medications except as instructed.
7. Do not lift more than 10 lbs for 3 days.
8. It is ok to resume walking and other activities.
9. Driving is OK the day after you leave the hospital.
10. You are scheduled for a follow up video appointment with Dr. Alberte in 4-6 weeks
11. Don't hesitate to call for any questions or problems.
12. Electrophysiology direct number - 503-571- 6166

Electronically signed by Cesar Alberte-Lista at 07/20/2023 10:06 AM PDT

Nursing Discharge Instructions

Yelena Sauter - 07/20/2023 10:27 AM PDT

Formatting of this note might be different from the original.

Discharge Instructions for Procedural Sedation/Analgesia

This information was shared with patient,

If you have problems, questions or concerns, please call the Advice Nurse at (503) 813-2000 or (800) 813-2000.

For Adults:

Avoid activities that require alertness or coordination. Do not drive, operate power tools or heavy machinery, climb, ride a bicycle or swim for the next 12 hours.

Remain with a family member, friend, or attendant for the next 12 hours.

Do not make any important decisions in the next 24 hours, such as signing contracts, expensive purchases, important commitments, and so on.

No alcohol for 12 hours.

Start with a light meal such as soup, Jello or crackers. Progress to heavier foods as you can tolerate. Some patients experience nausea and vomiting after receiving sedation. Do not eat or drink if you have any nausea.

If unable to urinate in 4-6 hours after discharge please call the Regional Advice Nurse @ 503-813-2000

Take only medications prescribed by your physician, in the dose prescribed.

Go to the emergency department for continuous vomiting, strange or unusual behavior, confusion, or any other worrisome symptoms.

If bleeding should occur following discharge

Sit down and apply firm pressure to site with your fingers x 10 minutes.

If the bleeding stops, continue to sit quietly, keeping your wrist straight for 2 hours. Notify your physician as soon as possible.

If bleeding does not stop after 10 minutes or if there is a large amount of bleeding or spurting, call 911 immediately. Do not drive yourself to the hospital.

Expect mild tenderness at the puncture site for up to 3 days. You may also experience discomfort or bruising for up to one week. If this persists or other symptoms develop, notify your physician.

If you experience any of the following call your Dr. immediately.

Change in color or temperature of the hand fingers or arm

Redness, heat, or pus at the puncture site

Chills or fever greater than 100.4F

Electronically signed by Yelena Sauter at 07/20/2023 10:27 AM PDT

Medication	Sig	Dispensed	Start Date	End Date
Metoprolol Tartrate (LOPRESSOR) 25 mg Oral Tab	Take 1 tablet by mouth 2 times a day	180 tablet	04/18/2023	
Flecainide (TAMBOCOR) 50 mg Oral Tab	Take 1 tablet by mouth 2 times a day	60 tablet	04/18/2023	04/17/2024
Flecainide (TAMBOCOR) 50 mg Oral Tab	Take 1 tablet by mouth 2 times a day	60 tablet	04/18/2023	09/07/2023
amLODIPine (NORVASC) 10 mg Oral Tab	Take 1 tablet by mouth daily	90 tablet	11/15/2022	09/07/2023
DULoxetine (CYMBALTA) 60 mg Oral CPDR SR Cap	Take 1 capsule by mouth daily	90 capsule	11/15/2022	09/07/2023
Losartan (COZAAR) 100 mg Oral Tab	Take 1 tablet by mouth daily	90 tablet	11/15/2022	09/07/2023
Losartan (COZAAR) 100 mg Oral Tab	Take 1 tablet by mouth daily	90 tablet	11/15/2022	12/11/2023
DULoxetine (CYMBALTA) 60 mg Oral CPDR SR Cap	Take 1 capsule by mouth daily	90 capsule	11/15/2022	12/11/2023
amLODIPine (NORVASC) 10 mg Oral Tab	Take 1 tablet by mouth daily	90 tablet	11/15/2022	12/11/2023

Progress Notes - documented in this encounter

Yelena Sauter - 07/20/2023 7:54 AM PDT

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Pt admitted to CVPR and prepped for cardiac ablation procedure. Admit/pre-procedure assessment and prep complete. Bilateral groin, back and chest sites clipped and pedal pulses marked. Monitor strips printed, 20g IV placed in left wrist. Consent available in epic. Plan of care reviewed with patient. Voided.

1122: RN handoff given to Rob, for break coverage. Bilateral groin sites stable with no signs of bleeding/hematoma.

1235: Resumed care of patient. Received RN handoff from Rob RN.

1529: Pt dressed, ambulatory, and states readiness for discharge. Patient verbalizes understanding of discharge instructions. Written instructions given and discussed with patient. Bilateral groin sites stable with no signs of bleeding/hematoma. Discharged home in the care of wife, Constance, who is also driving. Wheelchair to car.

Electronically signed by Yelena Sauter at 07/20/2023 3:39 PM PDT

H&P Notes - documented in this encounter

Cesar Alberte-Lista - 07/20/2023 7:34 AM PDT

Formatting of this note is different from the original.

CARDIOLOGY PROCEDURE HISTORY AND PHYSICAL
7/20/2023

Mark J Snookal

REDACTED

PCP: Thuy Lien T. Hoang, MD

Chief Complaint/Presenting Problem: PVCs

HPI: Mark J Snookal is a 51 yrs male with history of dilated aorta with frequent PVCs. Patient was diagnosed with frequent PVCs 10 years ago. He tolerated them but recently he complains of dyspnea with activity. Treadmill stress test showed suppression of PVCs with exercise but their presence at rest. Holter monitor from 3/27/2023 showed frequent PVCs (26% 23,000)
A 14-day monitor from 12/2022 showed similar frequent PVCs (22.7%)
He is coming flor electrophysiology study and PVC ablation.

Pertinent PMHX:

Patient Active Problem List:

DILATED AORTIC ROOT

AORTIC VALVE REGURGITATION

PREMATURE VENTRICULAR BEATS

ADULT OBSTRUCTIVE SLEEP APNEA, MODERATE

Each of these diagnoses was reviewed by me today.

Current Habits:

Social History

SNOOKAL-01677

EXHIBIT 2/5

Tobacco Use:
Smoking status: Former
Packs/day: 0.25
Years: 3.00
Pack years: 0.75
Types: Cigarettes
Start date: 1987
Quit date: 1991
Years since quitting: 32.5
Smokeless tobacco: Never

Allergies:
Patient has no known allergies.

Medications:

Prior to Admission Medications

Medication Name Sig Taking? . Comments

amLODIPine (NORVASC) 10 mg Oral Tab
Last dose: 7/19/2023 at 2030 Take 1 tablet by mouth daily Yes -

DULoxetine (CYMBALTA) 60 mg Oral CPDR SR Cap
Last dose: 7/19/2023 Take 1 capsule by mouth daily Yes -

Flecainide (TAMBOCOR) 50 mg Oral Tab
Last dose: Past Week
Last Medication Note: >> BULEK, YELENA Thu Jul 20, 2023 7:22 AM
Last taken 7/15/23 per patient

Entered by Sauter, Yelena, RN Thu Jul 20, 2023 0722 Take 1 tablet by mouth 2 times a day Yes -

Losartan (COZAAR) 100 mg Oral Tab
Last dose: Past Week
Last Medication Note: >> BULEK, YELENA Thu Jul 20, 2023 7:23 AM
Last taken 7/18/23
Entered by Sauter, Yelena, RN Thu Jul 20, 2023 0723 Take 1 tablet by mouth daily Yes -

Metoprolol Tartrate (LOPRESSOR) 25 mg Oral Tab
Last dose: Not Taking Take 1 tablet by mouth 2 times a day
Patient not taking: Reported on 7/20/2023 -

MD Assessment:
BP 130/92 (BP Location: RA-RIGHT ARM, BP Patient Position: LYING) | Pulse 72 | Temp 97 °F (36.1 °C) | Resp 12 | Ht 6' (1.829 m) |
Wt 240 lb (108.9 kg) | SpO2 97% | BMI 32.55 kg/m²
See Anesthesia evaluation for sedation assessment.

Component Value Date
NA 143 07/19/2023
K 4.3 07/19/2023
CL 107 07/19/2023
CO2 29 07/19/2023
RBS 102 07/19/2023
BUN 15 07/19/2023
CR 1.16 07/19/2023
CA 9.9 07/19/2023
ANIONGAP4 7 07/19/2023

Component Value Date
INR 1.0 07/19/2023

Component Value Date
WBCCORRECT 5.42 07/19/2023

SNOOKAL-01678

EXHIBIT 2/6

NEUT 3.73 01/30/2023

ANC 3.0 07/19/2023

HGB 14.4 07/19/2023

HCT 40.8 07/19/2023

MCV 90.5 07/19/2023

PLT 296 07/19/2023

Case 2:23-cv-06302-HDV-AJR

Document 78-3

Filed 07/01/25

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Plan: PARQ for Electrophysiology Study/Ablation: Full PARQ is done. The potential risks include (but not limited to) bleeding, blood clots, perforation of heart muscle, blood vessel, or lung, heart block requiring a pacemaker, damage to a heart valve, stroke or heart attack, and death. I also explained the small risk of cardiac perforation that can require pericardiocentesis and possible emergency open chest surgery to stop the bleeding. Risks include but are not limited to oversedation, sedation reaction possibly leading to respiratory complications, bleeding, infection, perforation/laceration of blood vessel, heart or lung, arrhythmia, stroke, need for emergent heart surgery or death. The patient has no further questions. I verify the consent form is correct for the procedure/surgeon. Will proceed with procedure.

Cesar Alberte-Lista, MD

Electronically signed by Cesar Alberte-Lista at 07/20/2023 7:37 AM PDT



Plan of Treatment - documented as of this encounter

SNOOKAL-01679

EXHIBIT 2/7